

2076

MARGIN RESERVED FOR BINDING. N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

BUREAU OF VITAL STATISTICS		ARIZONA STATE BOARD OF HEALTH		STANDARD CERTIFICATE OF DEATH	
1. PLACE OF DEATH		State File No. <u>166</u>		Registered No. <u>308</u>	
County <u>Marijuana</u>		State <u>Arizona</u>			
District or Township		or Village			
City <u>Mesa</u>		No. _____		St. _____ Ward _____	
(If death occurred in a hospital or institution, give its NAME instead of street and number).					
2. FULL NAME <u>Catherine M. Ellsworth</u>					
(a) Residence, No. <u>Mesa</u> St. _____ Ward _____					
(Usual place of abode) (If non-resident, give city or town and State)					
Length of residence in city or town where death occurred <u>18</u> yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX	4. COLOR or RACE	5. SINGLE, MARRIED, WIDOWED or DIVORCED.			
<u>Female</u>	<u>White</u>	<u>Married</u>			
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Carl Ellsworth</u>					
6. DATE OF BIRTH (month, day and year) <u>April 6, 1894</u>					
7. AGE	Years	Months	Days	IF LESS than 1 day _____ hrs. or _____ min.	
<u>34</u>	<u>5</u>	<u>6</u>			
8. OCCUPATION OF DECEASED					
(a) Trade, profession, or particular kind of work _____					
(b) General nature of industry, business or establishment in which employed (or employer) <u>Housewife</u>					
(c) Name of employer _____					
9. BIRTHPLACE (city or town) (State or country) <u>Utah</u>					
10. NAME OF FATHER <u>George McElroy</u>					
11. BIRTHPLACE OF FATHER (city or town) (State or country) <u>unknown</u>					
12. MAIDEN NAME OF MOTHER <u>S. Russell</u>					
13. BIRTHPLACE OF MOTHER (city or town) (State or country) <u>Utah</u>					
14. Informant <u>Wm. L. S. Passey</u>					
(Address) <u>1411 N. 1st St., Mesa, Arizona</u>					
15. Filed <u>Oct. 14, 1928</u> <u>W. G. Burton</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
16. DATE OF DEATH <u>Oct 12</u> 19 <u>28</u>					
Month Day Year					
17. I HEREBY CERTIFY That I attended deceased from <u>Oct 7</u> 19 <u>28</u> to <u>Oct 12</u> 19 <u>28</u> , that I last saw <u>her</u> alive on <u>Oct 11</u> 19 <u>28</u> , and that death occurred on the date stated above, at <u>7</u> a. m. The CAUSE OF DEATH was as follows: <u>Typhoid fever</u>					
(duration) _____ yrs. _____ mos. <u>12</u> ds.					
CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. _____ mos. _____ ds.					
18. Where was disease contracted <u>Meat</u> If not at place of death? _____					
Did an operation precede death? <u>no</u> Date of _____					
Was there an autopsy? <u>no</u>					
What test confirmed diagnosis? _____ (Signed) <u>J. R. H. H. H.</u> M. D.					
(Address) <u>Tempe, Arizona</u>					
* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)					
19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Mesa Cemetery</u>					
DATE OF BURIAL <u>Oct. 14, 1928</u>					
20. UNDERTAKER <u>W. G. Burton</u> Address <u>Mesa</u>					